VS A15 (4) 15M 10/57

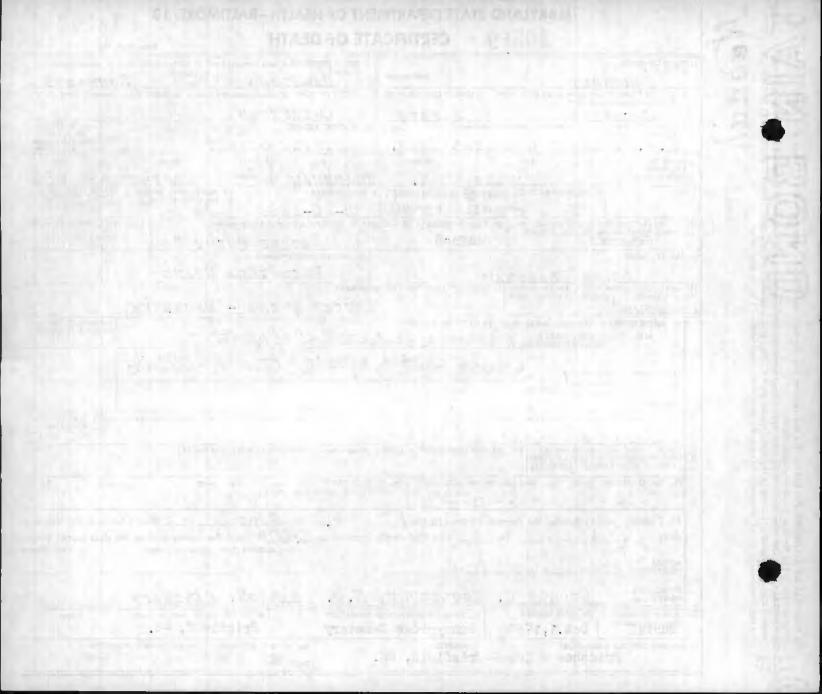
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
10569	CERTIFICATE	OF DEATH	

### **CERTIFICATE OF DEATH**

10562

Reg. Dist. No.

E,	a. COUNTY	o e e e			MARYLAND		STATE	Where deceas	ed lived, If ins b. COU		ence befo		
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ils, write	c. LENGI	TH OF STAY IN 16	€.	CITY OR TOWN (I	If outside corp	orote limits, wr	rite RURAL an	d give ne	ER. S	
	~	TELD		3	DAYS	30	CRISE	מ.זימדי					
	d. NAME OF HOSPITA		give stree	oddress)	DAIS	i d	STREET ADDRESS	THUL				e. IS RE	SIDENCE
	OR INSTITUTION	GREADY M	To be to	D T 4 T	Hace	/	Marn me -	" C'm					A FARM?
-				RIAL			MYRTLE		EE T			1E2 L	NO
3.	NAME OF DECEASED (Type or print)	Fid		D.6	Middle EF	Da	Last	4. DATE OF DEATI		Manth	De	00	Year
6	SEX	6. COLOR OR RACE	ARL		H		ADSHAW E OF BIRTH			EPTEN		20	1958 ER 24 HRS.
1	360	U. COLOR OR RACE		of the	EVER MARRIED		_		9. AGE (in y	oy) Month		Hours	Min.
	M	W	WIDOV		DIVORCED		5-20-18		1 78	yrs.			
10	during most of worki	N (Give kind of work ing life, even if retired	done 106	. KIND OF	BUSINESS OR IND	USTRY 1	1. BIRTHPLACE (Sto	ale or foreign	country)	12. (	CITIZEN	OF WHA	T COUNTRY
	Waterm		"	Seafo	od		RHOD	ES P	OINT .	MD	US	A	
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN		V 4 40 4	124/	-00		
	4	D							A EVA.	37.00			
-		EN BRAD						CILL.	A EVA.				
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of i		. SOCIAL SE	ECURITY NO. 17.	INFORM	VANT			Address			
U	NKNOWN					Lo	JISE EV	ANS	- DAU	GHTER			
	18. CAUSE OF DEAT	TH [Enter only one co	use per l	ine for (a),	(b), and (c).]		1 -	_	1)		IINT	ERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	This	SOLAN	10 101	6,17	6 84 00	17 1 100	200		ON	SET ANI	DEATH
	EDOV	IMMEDIATE CAUSE (c	_	Co Co Co	La CEO		100 -6	1	60 1	A			
	m 1 of Y	DUE TO	Ch	12915.	Durt 9	MARA	Locken	Fredor	4 DOME	marall			
	Conditions, if an			work		V	7	0000	-6199	The state of	7		- 1
	gave rise to im couse (a), stating the												
	lying couse lost.	) (0	:)										
Z	Part II. OTHI	ER SIGNIFICANT CON		CONTRIBUT	ING TO DEATH BU	T NOT R	ELATED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN IN P	ART I(a)	19. WAS	AUTOPSY
CERTIFICATION	Gene	sol 6	ela	To 8	cleros	100			-			PERF	ORMED?
ERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DE	SCRIBE HOV	V INJURY OCCURR	ED. (Ente	er nature of injury i	in Part I ar Pa	ort II af item 18	.)			
MEDICAL	Haur a. m. p. m.	Month, Day, Ye	While	INJURY OC Not rk at w	while f	CLACE OF	FINJURY (Hame, fo treet, affice bldg., a	etc.)	ty or town)		(County)	)	(Stole)
	21 Lemais, the	at I attended the	dacas	and from	DOWNALL		195 C, lo	SEDM	28 10	50.	Llast	41	
	΄. λ	1 dilended ine	deced	1 - 11	//3	/							
	alive an	AL ES	, 19_	18	and that deal	h accu	rred at 3.5				the do	ate stat	ed above
	4	21	•	01				ADDRESS (	Street, city or to	awn, state)		C	ATE SIGNE
	SIGNATURE LE	22 de 60	OCL	brun	-	_ M.D							
	70-	4											
	PHYSICIAN'S NAME (Type)	GEORGE	C.	Cou	LBOURN	. M	D. MA	RION	. MAR	YLAND	)		
22	BURIAL, CREMATION	N, 22b. DATE THEREC	OF .	22c. NA	ME OF CEMETERY	OR CREM	MATORY		ATION (City, to		)	(Sta	ite)
	ALL (Specify)	Oct.1,19	958	Sun	nyridge (	Cemei	tery	Cri	sfield,	Md.			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADD	RESS		24c 95	C'D BY REGIS	STRAR 24b.	REGISTRAR'S	SIGNATU	RE	
		adshaw & S	Sons-	-Cris	field, Mo	1.		PK5 2	158	V 31/1	170 print		
							DATE	Stores -					



HEALTH

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18 10563
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH
	10570 Items 5,6 Fi	1mG233 9-15-58 et Reg. Dist. No.
	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	F DOMETSEL MARYLAND	6. COUNTY SOMETS E
	b. CITY OR TOWN (It autside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	CEISFIELD	139 GHSF14LD
	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)	d. STREET ADDRESS  e. IS: RESIDENCE ON A FARM
	Rone	207 N. FOUTE NO
N	NAME OF First Middle	Lost 4. DATE Month L Doy Year
	(Type or print) JESS/C	ETMAN DEATH DEPL 2 195
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year)  IF UNDER 1YEAR IF UNDER 24 H
	Male Negro VIDOWED D. DIVORCED	OCT 21-1877 COyrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNT
1	during most of working life, even if relired)	CrisField, SOM, Md USA
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Marion S. CottMAN	Louise W. COLLINS
	WAS DECEASED EYER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17.  (It yes, give war or dates of service)	INFORMANT
-		TANLAND COUMAN CHISTIE
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN V
	PART I. DEATH WAS CAUSED BY: War allock	Coronary Deserve
	420.1 DUE TO	0 . /3
	Conditions, if any, which) wall and Colery	scleroses.
	gove rise to immediate cause (a), stoting the underlying DUE TO	* D
	couse last. (c) To-Usia Class.	when room.
NOF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
AH		PERFORMEDA YES NO
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPANTE	This propre phinius And Ales Wolf to main 10.
CCA		
3	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PL	REPUTY MEDICAL EXAMINER ACE OF INJURY (House, form, 2004 (Epoper town)). (County) (Stole
EDIC	Hour o. m. While Not while	ACE OF INJURY (Home, form, 2014 (Cipyor 1991). (County) (Stole
2	p. m. 19 of work of work	

21. I certify that I took charge of the remains described above, held an Autopsy I Inspection I Inquiry . and in my apinion death resulted from: Natural causes N. Accident . Suicide . Homicide . Undetermined manner

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

240. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

Orihun S. Kraus

VS. A15ME 5M 2/57

TOR:

4 should be i

ar its designated agent,

Heat attack, Courses Rivers nd at invector-sil. 13 to allow mes 22976-1969

HEALTH DEPT.

Page files. Health, of H

t death. If any de 2, and 3 to the F Page 5 may be rel and 2 with the 5

uid be executed within 24 hours offer deat in pencil in Nem, 18. Give Pages 1, 2, or neri Office along with form PM3. Page: burial-transit permit. File pages I and or removal, and in any eventualitin 72 h

the ward "pending" in penditing the Chief Medical Examiner's Office all shoutd be used as a burial-transit

crote, rided 1

4 should be O FUNERAL

designated

cremation,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10564

ON A FARM?

10 58

(Stole)

USA

YES NO IS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10571		Reg. Dist. No.
a. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Résidence before admission o. STATE Maryland b. COUNTY Somerset
b. CITY OR TOWN (It and give nearest lown)	cutide corporate limits, write NURAL  Crisfield	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  39 Crisfield

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

5 Chesapeake Ave. 5 Chesapeake Ave. 3. NAME OF Middle 4. DATE DECEASED DEATH CROCKETT SIEVERN T. September (Type or print)

5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH	V	9. AGE flo year	rs IFU	NDE	RIYEAR	IF UND	ER 24 HRS
Male	White	WIDOWED	DIVORCED	May	25,	1896	62	yrs. Mo	ntha	Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND C	F BUSINESS OR INDU	STRY   11.	BIRTHPLA	CE (Stote or fore	eign country)	in in	2. CI	TIZEN O	F WHAT	COUNTRY

during most of working life, even if retired)
Retail Dealer Tangier, Virginia Fish 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Rhoda Dize Louis Crockett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

No No (If yes, give wor or dotes of service) Mary Louise Crockett, 5 Chesapeake, Crisfield

18. CAUSE OF DEATH [Enter only PART 1. DEATH WAS CAUS IMMEDIATE C.	ED BY:	Coronary disease	onset and beath Sudden
420,1	OUE TO		ren days
Conditions, if ony, which	(b)	Arteriosclerosis (generalized)	3
gove rise to immediate couse ( (a), stating the underlying (	DUE TO	M. D	

ONDITIONS CONTRIBUTING TO DEATH INTERMED TO THE THOMPWOODSEASE CONDITION GIVEN IN PART TO 19. WAS AUTOFSY PERFORMED?

PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH.

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Not while factory, street, office bldg., etc.) g. m. of work of work

21. I certify that I taok charge of the remains described above, held an Autapsy [], Inspection []. Inquiry . and in my

opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner

DATE SIGNED

wown in Da Sept. 10, 1958 ASSISTANT MEDICAL EXAMINER

William H. Coulbourn, M. D. DEPUTY MEDICAL EXAMINER NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Crisfield, Md. Crisfield Cemetery

23. FUNERAL DIRECTOR'S SIGNATURE AODRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. SEP 1 5 '58 Orthon & House

VS. A15ME

70

O STANDARD AVE.

ALM STELLER STELLER And Model

Mary latting reports. I Described the

seargh throse

(baldens) abresson by tel

University of the Control of the Con

Commence Landson Commence g the market and the state of the country of the co

A Control - person afettates - Strict Target

and the state of t

	105	72	CERTIFIC	ATE OF I	DEATH	1		Reg. Dist	. No.	
1. PLACE OF DE 0. COUNTY	Scmerset		MARYLAND	II A STATE	aryla:		lived. If institution b. COUNTY	on Residence	before on	lmission)
RURAL ond	OWN (If outside corporate lim I give nearest lown) Cristield	1	Lifetime	11	risfi		ate limits, write R	URAL ond gi	ve nearest	lown]
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, UTION Gandy Lane	give street addr	'ess)	d. STREET A	andy	Lane			0	RESIDENCE
3. NAME OF DECEASED (Type or print	Fi		PARKER	EVANS	5 <b>†</b>	4. DATE OF DEATH	Sept.	ih 3	Day	Yeor 19 58
Female		WIDOWED	DIVORCED D	April 1	2, 18	95	9. AGE (In years lost brithday) yrs.	Months D	YEAR IF U	
Lab	CUPATION (Give kind of work of working life, even if retired OPSP	))	of Business or indi	y Cri	sfiel	d, Md.	untry)		EN OF W	HAT COUN
13. FATHER'S NA	Jeseph Par	ker		14. MOTHER'S	Unkner	_				
15. WAS DECEA!	SED EVER IN U. S. ARMED FOI	service)		INFORMANT Smes Eva	ns, J	rCr	isfield,			
331) Condition gave rise	I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  is, if ony, which to immediate stoting the <u>under-</u> e lost.	_	rterio	- sel	ero	ria Lis	ge -	-	y	Low
CAT	H. OTHER SIGNIFICANT CON	DITIONS CONT	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOP
OR CONTRI	ENT WAS UNDERLYING [] BUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature o	f injury in I	ort I or Port	II of item 18.)			
20c. TIME OF	FINJURY Month, Day, Ye o. m. p. m. 19	or 20d. INJUR While ot work	Not while	LACE OF INJURY ( sclory, street, office	Home, form bldg., etc.	20f. (City	or lown)	(Co	unly]	(Sto
21. I cert alive on_ actual signature, PHYSICIAN' NAME (Type	ify that I attended the	1950 120	, and that death	M.D.	3:00	ADDRESS (Str	the causes a cet, city or town,	and on the	ist saw t	he decentated ab
220. BURIAL, CRE	Specify) 22b. DATE THEREC		Sunnyridge				ON (City, town, o		(	Stote)
23. FUNERAL DIR	ector's signature Bradshaw	& Sons	ADDRESS B—Crisfield	, Md.	24a. REC'I	BY REGISTR		trar's sign		

Inerol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIV OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registror priar to burial, cremation, ar remainal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

of the second second	MTABORO RI			
revosed and	markets		durent	
			61671	
1 .134				
	Mar Tr Their		はきとなり	
	er amatanes l	erhand soft		the dal
			SHARL BOOKS	
		A market		

rigial director, d be filed with

00

Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

DR: After this certificate has been signed by the attending physician and completely filled in by etached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shurial, crematian, or remayal, and in any every within 72 hours after death.

the registrar priar to buriol, crematian, or remayal, and in any

by the hospital or attending physician.

TO HOSPITAL OR may be retained TO FUNERAL DIS page 3 should

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10576 **CERTIFICATE OF DEATH**  10000

		1	U	0	U	3
Dist	Ma					

1.	PLACE OF DEATH	SET		MARY	LAND	2. USUAL RESIDENCE (V	Where decease	L COUNTY	ion: Reside		re admiss	ion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit prest town)	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (I		orate limits, write l	RURAL ond	give ne	arest town	1
P	RINCESS A			LifeTIME		PRINCESS A	NNE X	· .				
	d. NAME OF HOSPITE OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS	/					FARM?
3.	NAME OF DECEASED (Type or print)	MARTHA	st	Middle E.		FIELDS	4. DATE OF DEATH	Mar 9	nth /	2		Year 9
	SEX EMALE	6. COLOR OF RACE	7. MARR	_		8. DATE OF BIRTH 1/28/1902		9. AGE (In years 50st birthdoy) yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10	during most of work HOUSE	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OF		MARYLAND	le or foreign o	country)		S A		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	HENRY 1	MORRIS				REBBCCA	JONES					
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT		Add	Iress			
L				214-28-3	243	Herman Fie	lds	Prince	ss A	nne	, Md	
z	422.2 Conditions, if on gave rise to in cause (a), stoling t lying cause lost.	nmediate bunder- DUE TO		hran/C	100		-15			(-		758
CERTIFICATION						NOT RELATED TO THE TER			VEN IN PA	K1 1(0)	PERFO	RMED?
	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZOB. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of injury i	n Port I ar Pa	rt () of item 18.)				
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of work	Not while of work	20e. PL. for	ACE OF INJURY (Home, for ctory, street, affice bldg., e	etc.)	y or town)		(County)		(Stote)
	21. I certify the clive on Section Signature  PHYSICIAN'S NAME (Type)	ot I attended the	decease ., 19.5		death	occurred ot 8 : M	ADDRESS (S	m the couses of treet, city or town,	ond an		te state	
	Burial	9/24/5	_		ETERY O		22d. LOCA Pr	TION (City, town,	or county) Anne	, Me	(State	*)
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	- RINDER	10	240. REI	EP 2 4		STRAR'S SI			

HZASO SO STADISTICS SECTION 

ì	0.	_	ق
i	-4		8
-	2		2
2	8	ir's Office along with farm PM3. Page 5 may be retained for your files.	-달
ì	늄	<u>e</u>	0
5	=	Store	ō
,	5	2	ST
•	č	×	g
õ	2	ö	2
	2	-	£
	==	3	=
	2	÷.	吉
í	ന	2	3
	2	2	64
į	ō	2	핃
5	ΕŃ	$\overline{}$	0
2	_`	5	_
	100	-	ĕ
	8	-01	ğ
1	2	හි	CL.
	62	2	==
	.≥		-
	O	꽂	<del>-</del>
1	eci	6.	E
1	-	ε	혖
)	Ε	5	+
1	프	-	-25
)	_	無	ē
	=	3	Ξ
	.S	Б	0
>	ē	ò	5
}	Ç2.,	0	0
	. <u>=</u>	9	Ď.
	١.,	£	ö
	Ë	Ö	70
	ō	wa	Z
,	9	ē	0
	:	- =	٩
	o	0	Š
	b, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	ol Exomine	TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priates by
۱	3	Chief Medicol	7
	he	.2	n
	DO:	8	(I)
	E S	ž	0
ı	Ξ	100	94
	3	1	P.
	165	Ū	7
۱	Į,		8
ı	н		
	2	94.7	
	e the certi	0	UNERAL
	0	worded.	20
	ŧ	0	SSNO
ı	63	3	5

VS. A15ME(5) 5M 9/55

		MARYL	AND S	STATE DEP	ARTME	NT OF HE	EALT	H-BA	LTIMORE,	18		a	7 h 184
		ME	DICA	L EXAM	NER'S	CERTIF	ICA.	TE OF	DEATH	Reg. D	ist. No	105	67
1,	PLACE OF DEATH a. COUNTY SOMETEC	105		<del></del>					ned fived. If instit b. CQUN	ution: Resid		ore odm	ission)
				-	ARYLAND		ylar		20				
l	and give nearest town)		e RURAL	c. LENGTH OF S	TAY IN 16	c. CITY OR T	II) NWO	f autside co	rporate limits, write	RURAL on	d give n	earest to	wn)
	rincess .							A SE	me				
	S. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hos	spital, give street or	(dress)	d. STREET AD	DRESS					YES [	A FARM?
3.	NAME OF DECEASED	Fir	12	Middl	•	Lost		4. DATE OF	Mon	h	Day	Y	fear
	(Type or print)	The	dere		Frei	a a		DEATH	Sept	· I		1	9 58
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MA	RRIED K	DATE OF BIRTH			9. AGE (In years loss butthday)				ER 24 HR
m	ale	white	WIDOWE	D DIVOR	ED 🗆	Jan. 29. J	1890	)	68 yrs.	Months	Days	Hours	Min.
100	JUSUAL OCCUPATION	N (Give kind of work	done 10b. I	KIND OF BUSINESS	OR INDUST	RY 11 BIRTHPLAC	CE (State	or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTR
D	none					MSA.	Yer	SOT		Ū.	S.A		
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN I	AME					
	Theo	dore Fri	<b>22</b>			Breths	ı B	rvre	S.				
15.		R IN U. S. ARMED FO		SOCIAL SECURITY	NO. 17. W	NFORMANT			Addres				
	ne	no	,		Mr	s. R.E.	Fri	56	Lindenwe	old.	N.J		
		H [Enter only one cas	se per line	for (o), (b), and (c)	-1	2. 16		10	T. 440			VA. BETWI	EEN: ATH
		MMEDIATE CAUSE (6)	Lu	me C	D COU	They be	LUA	7 2	KAL BUCK	_	-	U	
	HOUIT	DUE TO	1	. 20 0	0.0	4	0	4	,				
	Conditions, if or gave rise to immed		72	ac be		- GIRL	$\lambda$	UUTV	<u>_</u>				
	(a), stating the v												
Z	PART II. OTH	ER SIGNIFICANT CON	D.TIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	HE TERM	INAL DISEA:	SE CONDITION GI	YEN IN PAR	(T 1(o) i	9. WAS	AUTOPSY
Y.											1	PERFO	RMED?
CERTIFICATION	20a. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	SE WAS ITRIBUTING   20	b. DESCRIBI	E HOW INJURY O	CURRED (E	nter nature of inju	ry in Por	t I or Part I	l of item 18.)				
3	20c. TIME OF INJUR	Y Month, Day, Yes	ır 20d. I	INJURY OCCURRED	20e. PLA	CE OF INJURY (Ho	me, form	n, 20f. (Cit	y or town)	{Co	uniy)		(State)
MEDICAL	Hour c. m. p. m.	19	White at wa	ork at work		ory, street, office b	ildg., etc.						
		at I took chorge					,		Inspection 🛂	, Inqui	ry 🕒	and	find the
	deoth resulted	from: Notural	causes []	y, Accident	, Sui	cide 🔲, Ho	micide	: 🔲, U	Indetermined	couse 🗌	].		
		21/0										DATE S	CMED
	ACTUAL SIGNATURE	17 Abul	LAL			_M.D. CHIEF MEI	DICAL EX	CAMINER [				DATE :	
	EXAMINER'S NAME (Type)	RH.J.	sha	ASON				AL EXAMINER	-	43.	- 1	95	8
220	REMOVAL (Specify)	N, 226. DATE THEREC	)F	22c. NAME OF CE	METERY OR	CREMATORY		22d LOCA	ATION (City, fown,	or county)		(Store	e)
	burial	9-4-195	8	St. John	Luth	eran		Wood	dstown,	N.J.	,		
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			4o. REC'	D BY REGIS	TRAR 24b. REG	STRAR'S SIG	GNATUS	RE	
١	elm !	Milson	Prin	cess Am	ne, M	d.	DATEE	P 4 '5	8 av	hun S.	trans	L	

3 and and different to Service of these

VS. ATSME 5N 2/57

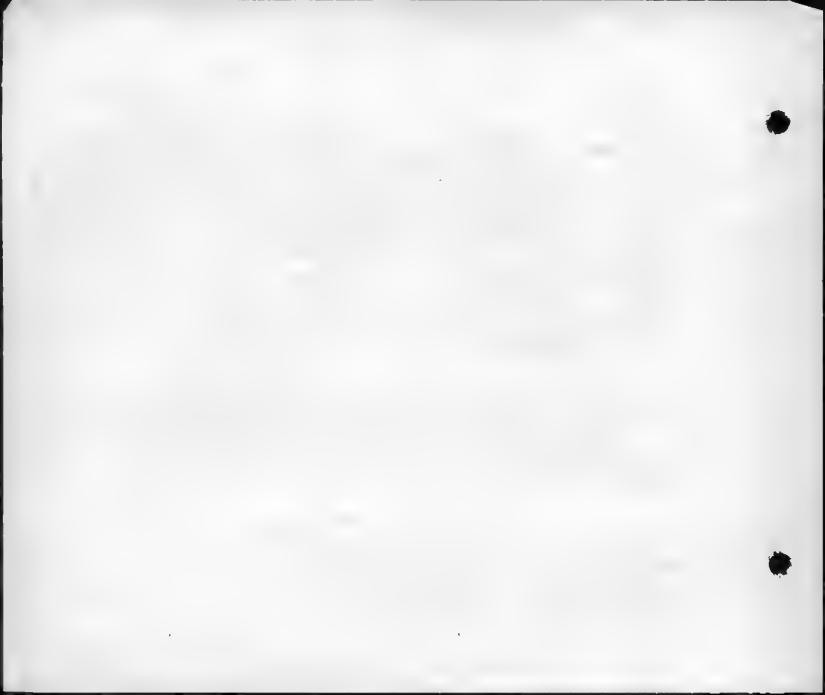
# MARYLAND STATE DEPARTMENT OF REALTH-RAITIMORE, 18

MAKILANIA 31	MIL DEI MRIMEI	41 OI HEVELLI	- DATE I I I I I I I I I I I I I I I I I I I	1856
0545DICAL	EXAMINER'S	CERTIFICATE	OF DEATH	A TOUT

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased liver	d. If institutions Res dence before admiss on)				
	a. county Somerset	MARYLAND	° Maryland	Somerset				
	b CITY OR TOWN Iff outside corporate limits, write EURAL	c. LENGTH OF STAY IN 16		mits, write RURAL and give nearest lown)				
L	WEstover	Life time	WESTOVER	RFD				
	d NAME OF HOSPITAL OF INSTITUTION (If not in hor		d STREET ADDRESS	e is pesion of a ON A FARM? YES NO.				
3	. NAME OF First	Middle	Lost 4. DATE	Month Day Year				
	(Type or print) HARLEY		JONES DEATH	9/3058 19				
5	. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRE	TE OF BIRTH 9 AG	E the years   IF UNDER TYEAR IF JINDER 24 HPS				
	Male cologed widower	DIVORCED!	/3/4/1030 10	erihdoy) Months Days Hours Min				
- 1	00 JSUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OF	BRIMPLACE (Stole or foreign country)	12. CIT-ZEN OF WHAT COUNTRY?				
2	Labor Due	lay Cannery	MARYLAND  14. MOTHER'S MAIDEN NAME	_ LU S A				
	ROY JONES							
-		SOCIAL SECURITY NO. 17 IN	EDITH TRAVIS	Address				
	Yes, no, or enthawn) (If yes, give wer or dates of service)			Addiess				
=		er e e	RAH JONES REVELLS	N_CK MD.				
ı	18. CAUSE OF DEATH [Enter only one couse per line (	ar (a), (b), and (c). J		INTERVAL BETWEEN				
	IMMEDIATE CAUSE (o)		<del></del>					
,	825X DUE TO JO	constal S	1 -04 1					
	Conditions, if any, which	Concrete 2	caes					
	gove rise to immediate course (a), stating the underlying DUE TO	atured	Skull					
١,		INTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY				
Personal advanta	Due to autor	no orbitalian	don't mil.	PERFORMED?				
1	20g. EXTERNAL CAUSE WAS 206 DESCRIBE	HOW INJURY OCCURRED (ET	Her nature of injury in Part I or Part II of Her	The state of the s				
		11	11 11					
10000	20c, TIME OF INJURY Month, Day, Year 20d, I	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20), (City or towey, street, affice bldg., 180.)	n) / (County) / / (Spire)				
1	p.m. Sept 301958While	rk of work	Thudson Harrillan	onsomewat Ila				
21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , opinion death resulted from Notural causes , Accident , Suicide , Homicide , Undetermined monner								
ı	SIGNATURE 1	Coulboures M	M.D. ASSISTANT MEDICAL EXAMINER					
	TATALLE IN T	50415042119	DEPUTY MEDICAL EXAMINER					
-	NAME (Type)  20. BJRIAL CREMATION, 226 DATE THEREOF	DICAL EXAMINER		The sain or reached 25% at				
-10.	KEMUVAL (SPECITY)	PT COUNTY. MA	REVELLS	NFCK M/RYLAND				
	BURTAL LIO75758  3. FUNERAL DIRECTOR'S SIGNATURE	ST FAUL.	240. REC'D BY REGISTRAR					
A Y	****		00	24b. REGISTRAR'S SIGNATURE				
	ILLIAM H. JAMFS JP PRIN	CESS ANNE MA	RYLANT DATE OCT 3 30					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retained TO FUNERAL DIR

VS A15 (4) 15M 10/57

1	
nergy arcetor,	the filed huith
by M	19.6
filled in by	9-
pletely	nee Dame

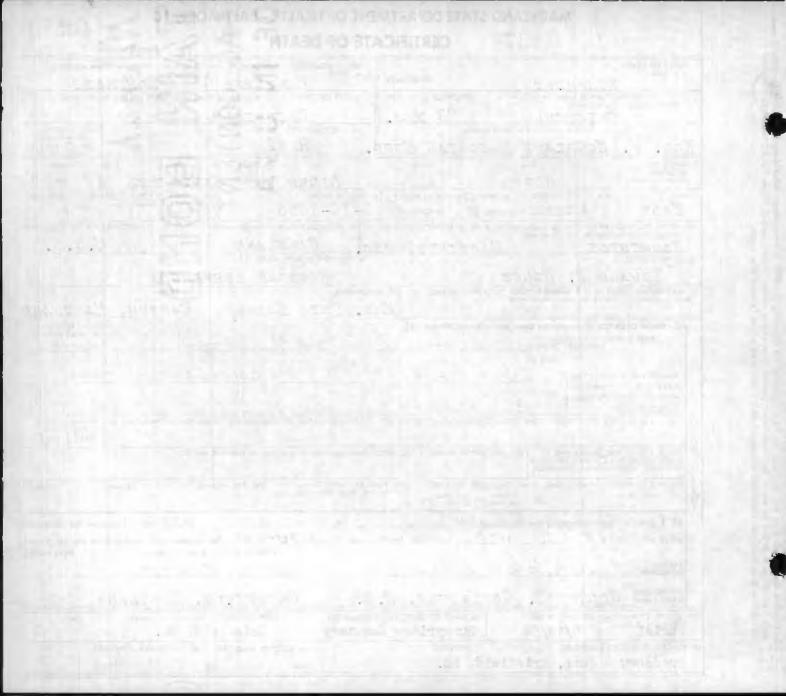
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10574

**CERTIFICATE OF DEATH** 

10570

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY COMPANY MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY								
b. CIT	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b				16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
RUI	RAL and give ne	orest tawn) RISFIELL		72 YRS		V		SFIEL				
d. NA	ME OF HOSPITA	AL (If not in hospital, g			2	d. STREET AD		OFIEL	1.D		e. 15	RESIDENCE
EDW	INSTITUTION	McCREADI	ME	MORIAL HO	SP.	1	R #	1			Of	A FARM?
3. NAMI DECEA	E OF ASED or print)	Roc		Middle		Lost M = =	=0	4. DATE OF DEATH	-	onth	Doy 17	Year
5. SEX				RIED NEVER MARRIED	Clar	MIL.	ES		SEPTE		1 VEAD IE III	19 58 NDER 24 HRS.
	LE	WHITE	WIDOW			-10-1	886		10st birthday)	Months	Days Hau	
10a. USU	AL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State	ar fareign cau	intry)	12. CITI	ZEN OF WH	AT COUNTRY
3.7	CHINT		1 0	ANNTERS.	ETE	M	ARY.	LAND		2 32	U.S	. A.
33. FATHI	ER'S NAME				1	4. MOTHER'S A	MAIDEN N	IAME				
	EDWAR	D T. MII	ES			$G_E$	ORG.	AN SI	EVENS	ON		
15. WAS	DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT				dress		
	,				MRS	· PHI	L H.	ARDEN	, EA	STON	MAR	YLAND
MEDICAL CERTIFICATION AMEDICAL CERTIFICATION (IA ET al. 1970) AMEDICAL CERTIFICATION (IA ET al. 1970) AMEDICAL CERTIFICATION (IA ET al. 1970)	PART I. DEAT  notitions, if an  ve rise to in  se (a), stating it  g couse last.  PART II. OTHI  ACCIDENT WAS  CONTRIBUTING  ITHER, NOTIFY IN  ITHER OF INJURY  Haur a. m. p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y. which he under.  CER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS 9 20b. DES 20b. DES 20b. deceas	k at work	URRED. (I	OF INJURY (H., street, office I	injury in forme, form bldg., etc.	, 20f. (City of	or town	(C)	Post A Per YES	(State)
PHYS	ATURE AL -	EURGE C.	Co	ULBOURN,	м.о М. D		-	ISFIE		AR YLA	IND	
BUNI	AL, CREMATION OVAL (Specify)	9/19/58	F S	Sunnyridge					1eld, M		(\$	itale)
	RAL DIRECTOR'S		-64	ADDRESS		1	240. BEE	BY REGISTR	AR 24b. REG	ISTRAR'S SIG	NATURE	
DIS	dusnaw 6	Sons, Cri	.5110	Id, Md.		1	DATE			thun S. 1	raua	



VS A15 (4) 15M 10/57

10571

10575

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

I. PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	o. STATE	b. COUNTY	SOMERSET
RURAL and give nearest lown)	50	c. CITY OR TOWN (If outside	le corporate limits, write RU	
	street oddress)	d. STREET ADDRESS MARINE	ers Road	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print)  JAMES	HENRY	Lost 4.	OF ~	40 150
707	MARRIED NEVER MARRIED	B. DATE OF BIRTH  APRIL 2, 190	The Atlanta Control of the Control o	FUNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer	10b. KIND OF BUSINESS OR INDU	3.6		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME  JAMES WARD				
	1	N .	Addre CRISF	
CATIC				ONSET AND DEATH  ONSET AND DEATH  ON IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 1	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,   2		(County) (State)
olive on Sept 10.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) C. G. RAWL  220. BURIAL CREMATION, 22b. DATE THEREOF	1958, and that death  Complete M.D.  22c. NAME OF CEMETERY CO.  258 Private Fami	M.D. CRISE  CRISE  CRISE  CRISE  CREMATORY  120  CREMATORY  M	A, from the causes or RESS (Street, city or town, street, city or town, street, city or town, street, city, street, city, town, or the cause of the	LAND PATE SIGNED
	b. CITY OR TOWN (If outside corporate limits, we rural and give nearest lown)  CRISTIELD  d. NAME OF HOSPITAL (If not in hospital, give: OR INSTITUTION  EDW. W. MCCREADY  3. NAME OF DECEASED  (3. NAME OF DECEASED  (4. COLOR OR RACE  (5. COLOR OR RACE  (6. COLOR OR RACE  (7. WHITTE  WITHING  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FATTHET  13. FATHER'S NAME  JAMES WARD  15. WAS DECEASED EVER IN U. S. ARMED FORCES: (MACE)  (18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: (MACE)  (19. OUT ON WHICH GOING ON THE COUSE (O).  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoling the underly lying couse lost.  PART II. OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CICAUSE (O).  PART II. OTHER SIGNIFICANT CONDITION  200. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  21. I certify that I attended the dealive an Service of PART II.  PHYSICIAN'S NAME (Type) C. G. PAWL  220. BERNOVAL (Specify)  Sept. 12, 19	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  CRISTIELD  d. NAME OF MOSPITAL (If not in haspital, give street address)  CRISTITUTION  B. AME OF DECEASED INDUSTRIAL (If not in haspital, give street address)  JAMES  S. SEX  G. COLOR OR RACE  WHITE  WIDOWED DIVORCED  DIVORCED  100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  FATTHET  13. FATHER'S NAME  JAMES WARD  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. IN MORE UNINDUSTRIAL (II)  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (b).  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.  OR CONTRIBUTING CAUSE OF DEATH [IF ITHER NOTIFY MEDICAL EXAMINER]  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work and that death actual signature  PHYSICIAN'S NAME OF CRUETCY Sept. 12, 1958  120. BIRIAL, CREMATION, 22b. DATE THEREOF  SENTAL, CREMATION, 22b. DATE THEREOF  SENTAL SENTAL CREMATIO	D. CITY OR TOWN If autiside exposure limits, write RURAL and give necessal lown)  D. CITY OR TOWN If autiside exposure limits, write RURAL and give necessal lown)  D. CRISFIELD  D. CRISFIELD  D. CRISFIELD  D. CRISFIELD  D. STREET ADDRESS  D. DRETT M. MIGHT IN D.  D. STREET ADDRESS  D. STREET ADDRE	b. CILY OR TOWN (If outside corporate limits, write RURAL OR OF REAT LAND)  b. CILY OR TOWN (If outside corporate limits, write RURAL OR OF REAT LAND)  c. CILY OR TOWN (If outside corporate limits, write RURAL OR OF REAT LAND)  d. NAME OF HOSTITAL (In oit hospitol), give street oddress)  G. CILY OR TOWN (If outside corporate limits, write RURAL OR OF REAT LAND)  d. NAME OF HOSTITAL (In oit hospitol), give street oddress)  G. CILY OR TOWN (If outside corporate limits, write RURAL OR TOWN)  d. STREET ADDRESS  MAR INERS ROAD  d. NAME OF HOSTITAL (In oit hospitol), give street oddress)  JAMES  JAMES  JAMES  MAR INERS ROAD  ADATE  OBATH OF BIRTH  MIDDWED DIVORCED APILL 2, 1902  PARTL 2, 1902  JOURN (If outside corporate limits, write RURAL OR CILY OF TOWN)  JAME OF DECRASED  JAMES  JAMES  MAR INERS ROAD  ADATE  PARTL D. DATE OF BIRTH  MODIFIED APILL 2, 1902  JOURN (If outside corporate limits, write RURAL OR CILY OF TOWN)  JAMED ARE IN DATE  MAR INERS ROAD  JAMES SEVEN MARRIED ARE SEVEN ARRIVED APILL 2, 1902  JOURN (If outside corporate limits, write RURAL OR CILY OF TOWN)  JAMED ARE IN DATE  MAR INERS ROAD  JAMES SEVEN ARRIVED APILL 2, 1902  JAMES AND ARRIVED APILL 2, 1902  JAMES WARD  JAMES

. I . The later to the contract of the contrac CER OF STREET WARDOWS